LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: NAIC Company Code:

Contact: Telephone & Email:

REQUIRED FILINGS IN THE STATE OF: UTAH Filings Made During the Year 2013

(1) Check-list	(2) Line	(3)	(4) NUMBER OF COPIES*			(5)	(6) FORM	(7) APPLICABLE
	#	REQUIRED FILINGS FOR THE ABOVE STATE	Dome		Foreign	DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"x14")	1	EO	XXX	3/1	NAIC	A,B,E,F,G,H,I, J,K,L,M,N
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	XXX	3/1	NAIC	A,B,E,F,J,K,M ,N
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	XXX	5/15, 8/15, 11/15	NAIC	A,B,E,F,G,H,I, J,KL,N
	3	Separate Accounts Annual Statement (8 ½"x14")	1	EO	XXX	3/1	NAIC	A,B,E,F,G,H,I, J,K,L,M,N
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M ,N
	11	Actuarial Certification Related Annuity Nonforfeiture	1	EO		2/1	G	A,B,E,F,J,K,M
	12	Ongoing Compliance for Equity Indexed Annuities Actuarial Certification Related to Hedging required by	1	EO	XXX	3/1	Company	A,B,E,F,J,K,M
	13	Actuarial Guideline XLIII Actuarial Certification Related to Reserves required by	1	EO	XXX	3/1	Company	A,B,E,F,J,K,M
		Actuarial Guideline XLIII	1	EO	XXX	3/1	Company	
	14	Actuarial Certification regarding use 2001 Preferred Class Table	1	EO	xxx	3/1	Company	A,B,E,F,J,K,M
	15	Actuarial Opinion	1	EO	xxx	3/1	Company	A,B,E,F,G,I,J, K,N
	16	Actuarial Opinion on X-Factors	1	EO	XXX	3/1	Company	A,B,E,F,J,K,M
	17	Actuarial Opinion on Separate Accounts Funding	4	FO		2/1		A,B,E,F,J,K,M
	18	Guaranteed Minimum Benefit Actuarial Opinion on Synthetic Guaranteed Investment	1	EO	XXX	3/1	Company	A,B,E,F,J,K,M
	10	Contracts	1	EO	xxx	3/1	Company	ADEELVM
	19	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	1	EO	xxx	3/1	Company	A,B,E,F,J,K,M
	20	Analysis of Annuity Operations by Lines of Business	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	21	Analysis of Increase in Annuity Reserves During Year	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	22	Credit Insurance Experience Exhibit	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M ,N
	23	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	A,B,E,F,J,K,M
	24	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	25	Health Care Exhibit's Allocation Report Supplement	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	26	Interest Sensitive Life Insurance Products Report	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	27	Investment Risk Interrogatories	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	28	Life, Health & Annuity Guaranty Assessment Base		FO		4/1	NATO	,N A,B,E,F,J,K,M
	29	Reconciliation Exhibit Life, Health & Annuity Guaranty Assessment Base	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
		Reconciliation Exhibit Adjustment Form	1	EO	XXX	4/1	NAIC	
	30	Long-term Care Experience Reporting Forms	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	31	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline						A,B,E,F,J,K,M
<u> </u>	20	XLIII	1	EO	XXX	3/1	Company	ADDELEN
-	32	Management Discussion & Analysis	1	EO	XXX	4/1	Company	A,B,E,F,J,K,N A,B,E,F,J,K,M
	33 34	Medicare Supplement Insurance Experience Exhibit Medicare Part D Coverage Supplement	1	EO EO	XXX	3/1 3/1, 5/15, 8/15,	NAIC NAIC	A,B,E,F,J,K,M A,B,E,F,J,K,M
	35	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	11/15 3/1,5/15, 8/15, 11/15	Company	
	36	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	XXX	3/1,5/15, 8/15, 11/15	Company	A,B,E,F,J,K,M
	37	Reasonableness of Assumptions Certification for Implied		 		11/13	1	A,B,E,F,J,K,M
	3,	Guaranteed Rate Method required by Actuarial Guideline XXXVI	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	38	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	1	ЕО	xxx	3/1,5/15, 8/15, 11/15	Company	A,B,E,F,J,K,M

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	39	Reasonableness & Consistency of Assumptions		FO		2/1 5/15 0/15	G	A,B,E,F,J,K,M
		Certification required by Actuarial Guideline XXXVI	1	EO	XXX	3/1,5/15, 8/15,	Company	
		(Updated Market Value)				11/15		
	40	Risk-Based Capital Report	1	EO	XXX	3/1	NAIC	A,B,E,F,G,J,K
	41	RBC Certification required under C-3 Phase I	1	EO	XXX	3/1	Company	A,B,E,F,J,K
	42	RBC Certification required under C-3 Phase II	1	EO	XXX	3/1	Company	A,B,E,F,J,K
	43	Schedule SIS	1	N/A	N/A	3/1	NAIC	A,B,E,F,J,K,M
	44	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	EO	xxx	3/1	Company	A,B,E,F,J,K,M ,N
	45	Statement on par/non-par policies – Exhibit 5 Int. 1&2	1	EO	xxx	3/1	Company	A,B,E,F,J,K,M ,N
	46	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	A,B,E,F,J,K,P
	47	Supplemental Schedule O	1	EO	XXX	3/1	NAIC	A,B,E,F,J,K,M
	48	Trusteed Surplus Statement	1	EO	XXX	3/1, 5/15, 8/15,	NAIC	A,B,E,F,I,J,K,
	40		1		AAA	11/15		M,N
	49	Workers' Compensation Carve-Out Supplement	1	EO	XXX	3/1	NAIC	A,B,E,F,I.J.K
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	XXX	EO	XXX	3/1	NAIC	
	51	March .PDF Filing	XXX	EO	XXX	3/1	NAIC	
	52	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1	NAIC	
	54	Separate Accounts Electronic Filing	1	EO		3/1	NAIC	
	55	Separate Accounts PDF Filing	XXX	EO	XXX	3/1	NAIC	
			XXX		XXX		_	
	56	Supplemental Electronic Filing	XXX	EO	XXX	4/1	NAIC	
	57	Supplemental .PDF Filing	XXX	EO	XXX	4/1	NAIC	
	58	Quarterly Statement Electronic Filing	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	
	59	Quarterly .PDF Filing	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	
	60	June .PDF Filing	XXX	EO	XXX	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED						
		REPORTS						
	71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	A,B,E,F,J,N
	72	Audited Financial Reports	1	EO	XXX	6/1	Company	A,B,E,F,J,K,N
	73	Audited Financial Reports Exemption Affidavit		N/A	N/A		Company	A,B,J,N
	74	Communication of Internal Control Related Matters					1 1 1	A,B,E,F,J,K,M
		Noted in Audit	2	N/A	N/A	8/1	Company	,N
	75	Independent CPA (change)	2	N/A	N/A	Within 5 business days of receipt	Company	A,B,E,F,J,N
	76	Management's Report of Internal Control Over Financial				days of receipt		A,B,E,F,J,K,M
		Reporting	2	N/A	N/A	8/1	Company	,N
	77	Notification of Adverse Financial Condition	2	N/A	N/A	Within 5 business days of receipt	Company	A,B,E,F,N
	78	Request for Exemption to File	2	N/A	N/A	days of receipt	Company	A,B,E,F,J,N
	79	Relief from the five-year rotation requirement for lead		11/11	1.1/11		Company	A,B,J,N
		audit partner	2	EO	xxx	3/1	Company	, = ,- ,- :
	80	Relief from the one-year cooling off period for		20		-/-	Company	A,B,E,F,J,N
		independent CPA	2	EO	xxx	3/1	Company	,-,-,-,-,-,-
	81	Relief from the Requirements for Audit Committees	2	EO	XXX	3/1	Company	A,B,E,F,J,N
		·						
		V. STATE REQUIRED FILINGS	1				1	
	101	Certificate of Compliance	0	0	0		State	1
	102	Certificate of Deposit	0	0	0		State	
	102	Certificate of Valuation	0	0	0		State	
	103	Filings Checklist (with Column 1 completed)	1	0	0	3/1	State	+
		Premium tax						D
-	105		1	0	1	3/31	State	
	106	Certificate of Renewal Fees (i.e., State Filing Fees)	1	0	1	1/31	State	С
	107	Signed Jurat	XXX	0	XXX	3/1	NAIC	L
	108	Utah Accident and Health Survey	1	0	1	4/1	State	0
	109	Holding Company Registration Form B &C	2	0	N/A	5/1	State	A,B,E,F,J,Q
	110	Regulatory Asset Adequacy Issues Summary (RAAIS) this column, this state does not require this filing, if hard	2	0	0	3/15	Company	R

^{*}If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

^{**}If Form Source is NAIC, the form should be obtained from the appropriate vendor.

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)					
A	Required Filings Contact Person:	Dan Applegarth (801) 538-9509 dapplegarth@utah.gov				
	Contact Information for Questions Concerning Company Licensing:	Eric Showgren (801) 537-9174 eshowgren@utah.gov				
В	Mailing Address:	Utah Insurance Department State Office Building, Suite 3110 Salt Lake City, Utah 84114-6901				
С	Certificate of Renewal Fees (i.e., State Filing Fees):	Invoices will be sent out by the Department for the relevant filing fees. Questions regarding these invoices should be directed to the Company Licensing Person in A above.				
D	Mailing Address for Premium Tax Payments:	Utah State Tax Commission 210 North 1950 West Salt Lake City, Utah 84134				
	Contact Information for Questions Concerning Premium Taxes:	For questions concerning Utah's premium tax, please contact: Kyle Boyer (801) 297-4637 kboyer@utah.gov				
Е	Delivery Instructions:	All hardcopy filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.				
F	Late Filings:	Foreign company electronic filings will be deemed filed based on the date received by the NAIC. Domestic hardcopy filings will be deemed filed based on the postmark date. Any actions concerning late filings will be taken in accordance with Utah Administrative Code § R590-147-5(3) and Utah Code Annotated § 31A-2-308.				
G	Original Signatures:	When signatures are required by the NAIC Annual Statement Instructions, originals are required from domestic insurers. Original signatures are not required of foreign companies unless specifically requested. Rather foreign companies should follow the guidance provided in the NAIC Annual Statement Instructions.				
Н	Signature/Notarization/Certification:	For domestic insurers only, two of the three principal officers specified by a company's articles of incorporation are required to sign those filings for which NAIC Instructions require principal officers' signatures. All other signatures shall be done in accordance with NAIC requirements. Notarizations and Certifications shall be performed when required by NAIC instructions. Foreign companies are to follow the guidance of the domiciliary regulator and provide evidence of compliance only upon request.				
I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, the same should be followed for any amendment. This guidance applies to domestic companies only. Foreign entities should follow the guidance of their domiciliary regulator.				

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	J	Extensions to normal due dates:	Requests by foreign companies for extensions for a period of 30 days or less beyond the regular due date are not be
		Note: Extensions do not apply to	required to be sent in providing the domiciliary state has
		premium taxes and fees	granted the extension and notified the NAIC. Extensions
			beyond 30 days will require a written request prior to
			expiration of the initial 30 day period, and evidence of
			domiciliary approval. Domestic companies should apply for
			extensions at least 30 days prior to the regular due date.
	K	Bar Codes (State or NAIC):	Not Required.
-	L	Signed Jurat Page:	For domestic insurers only, two of the three principal officers
	_	e.gea earar age.	specified by a company's articles of incorporation are required
			to sign. Notarizations and Certifications are also required.
			Foreign companies are to follow the guidance of the
			domiciliary regulator and provide evidence of compliance only
			upon request.
	M	"NONE" Filings:	Filings which state "NONE" across them are not to be filed
	1.1	ge.	unless required by the NAIC Annual/Quarterly Statement
			Instructions.
	N	Foreign Filing Requirements:	All foreign companies and accredited reinsurers that file their
	-,		NAIC annual statement blank, annual audited financial
			reports, quarterly financial statements and any supplements
			related to these documents with the NAIC are exempt from
			filing a hard copy of these items with the Department. These
			items should be submitted to the NAIC via electronic media in
			accordance with the due dates established by the NAIC.
	О	Utah Accident & Health Survey:	All insurers who have accident & health business in Utah are
		,	required to file this survey (see
			https://www.insurance.utah.gov/agent/insurers/AHSurveyInstr
			uctions.php for more information). Further questions
			concerning the survey should be directed towards:
			Marilyn Thorstensen
			(801) 538-3241
			uid.healthresearch@utah.gov.
	P	Supplemental Compensation Exhibit:	These filings are required from all domestics. A
			company wishing to have this
			information therein treated as
			"confidential" should consult the Utah
			Governmental Records Access and
			Management Act, Title 63G, Chapter 2,
			<u> </u>
			and especially Subsections 63G-2-305(1)
			and 63G-2-305(2), for possible
			applicability.
	Q	Holding Company Filings	The Form B filing is required on an annual basis from all
	•		domestics subject to the Holding Company statutes. In
			accordance with Utah Code Annotated § 31A-16-109 this form
			is deemed a confidential filing. Please refer to the attachment
			of Utah Administrative Code § R590-70 for guidance on the
			format this filing should take.
	R	Regulatory Asset Adequacy Issues	All Utah Domestics with a Life Charter are required to file this
		Summary (RAAIS)	form. (See Utah Administrative Code Section R590-162)
		Contact Person for this Filing:	Tomasz Serbinowski, (801) 537-9289, tserbinowski@utah.gov

General Instructions For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not

be sending their own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The Annual Statement Electronic Filing includes the annual statement data and all supplements due March 1, per the Annual Statement Instructions. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The Risk-Based Capital .PDF Filing is the .pdf file for risk-based capital data.

The Separate Accounts Electronic Filing includes the separate accounts annual statement and investment schedule detail.

The Separate Accounts .PDF Filing is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The Supplement .PDF Filing is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The *Quarterly .PDF Filing* is the .pdf for quarterly statement data.

The June .PDF Filing is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail. if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. . Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC Annual Statement Instructions.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.